

STATE OF MARYLAND
DEPARTMENT OF GENERAL SERVICES
MARYLAND CAPITOL POLICE

CAP Number : _____

Notification of Charge and Written Reprimand

Instructions: Issued to Probationary and Non-Probationary Employees in lieu of MCP181 or MCP 186
Please Type

Section I Name and Assignment:

TO: _____
Rank /Name/ID #

DATE: _____

ASSIGNMENT: _____

Section II Notification of Charge:

You are hereby notified that you are charged with violating the following Maryland Capitol Police rule(s)/policies/procedure(s) to wit: (Explain in detail - include specific chapter and section where applicable):

Brief Statement of Facts [Include Date(s) and Location(s)]:

Check here if this case is being processed under the Alternate Disciplinary Process (ADP) guidelines and the case was discussed with the Commander, Internal Affairs Section (IAS).

_____ Date case was discussed with the Commander IAS, if processed under ADP guidelines.
(Date)

Charge(s) preferred by: _____ Date _____

Commander's Signature: _____
(Commander's signature denotes filing of charges)

Section III Issuance of Penalty: (Check one)

As a probationary employee, you are hereby issued a **WRITTEN REPRIMAND** for violating the aforementioned Maryland State Police rule(s)/policies/procedure(s).

Probationary Employee's Signature: _____ Date: _____
(Acknowledges Receipt of Penalty)

As a non-probationary trooper, I recognize that I am entitled to certain rights under the Law Enforcement Officers' Bill of Rights (LEOBR). I have acknowledged by signature, the Notification of Charge filed against me. I am aware that by waiving my rights under the LEOBR, that I am waiving my right to appeal the finding and punishment. I plead guilty to such violation and accept as punishment a **WRITTEN REPRIMAND**.

Employee's Signature: _____ Date: _____